



Sedation Consent Form

Delaporte Veterinary Hospital

Kelly Wilson, DVM

Melissa Carter, DVM

(407)-322-3930

Owner's Name: _____

Date: _____

Pet's Name: _____

Reason for Sedation _____

Please read carefully and sign below.

The doctor, groomer, and/or you, the client, has determined that your pet requires sedation for the above procedure. Any use of sedation or anesthesia carries inherent risks. The veterinary staff of Delaporte Veterinary Hospital will take utmost care to avoid any complications, but such complications cannot always be foreseen. Animals that require frequent sedation for procedures (such as grooming, bathing, etc.) may be required to have periodic blood screenings to confirm kidney and liver health.

I understand the risks of sedation and will not hold Delaporte Veterinary Hospital responsible for unforeseen complications. I authorize Delaporte Veterinary Hospital and its veterinarians to perform sedation on my pet. I understand that I assume full financial responsibility for this animal and understand that additional charges may be incurred in the event of any complications.

****If complications should develop and my pet stops breathing and/or heart stops while in hospital; I elect the following and assume financial responsibility for my choice: *(initial one below)*

CPR _____ (Cardiopulmonary Resuscitation) **DNR** _____ (Do Not Resuscitate)

Your signature below authorizes Delaporte Veterinary Hospital to perform sedation on your pet for the reason indicated above.

Owner's Signature: _____ Date: _____

Emergency Contact Phone Number: _____